



CITY OF PULLMAN
PARKS AND RECREATION
EMPLOYMENT APPLICATION
325 S.E. PARADISE STREET
PULLMAN, WA 99163
(509) 338-3207

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY "AT-WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 334-4555. T.D.D. 1-800-833-6388.

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____ CITY: _____ ST. _____ ZIP _____

PERMANENT ADDRESS: _____ CITY: _____ ST. _____ ZIP _____

PHONE: (HOME) () (BUSINESS) () (MSG) ()

PREVIOUS CITY EMPLOYEE? __ YES __ NO DATES: FROM _____ TO _____

POSITION HELD: _____

ARE YOU RELATED BY BLOOD, ADOPTION, OR MARRIAGE TO ANY CURRENT CITY EMPLOYEE? __ YES __ NO
EMPLOYEE NAME AND POSITION: _____

ARE YOU OVER THE AGE OF 18? __ YES __ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? __ YES __ NO Proof of citizenship or immigration status will be required at time of employment.

PLEASE FILL IN TIMES NEXT TO EACH DAY YOU WOULD BE AVAILABLE FOR WORK:

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

Do you hold a current First Aid Card? _____ Exp. Date _____
and/or CPR Card? _____ Exp. Date _____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Other				

WORK HISTORY

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT & U.S. MILITARY SERVICE. ATTACH SEPARATE SHEETS IF NECESSARY.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Start	Final	
Reason for Leaving:			May we Contact: ___ Yes ___ No

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Start	Final	
Reason for Leaving:			May we Contact: ___ Yes ___ No

Additional References:

Name: _____ Title: _____

Company: _____ Address: _____ Phone: _____

Name: _____ Title: _____

Company: _____ Address: _____ Phone: _____

SPORT

List the specific sport(s) you are interested in coaching and/or officiating:

Age group you prefer to coach and/or officiate? _____

CERTIFICATION

I CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ATTACHMENTS, IF ANY) ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS MAY BE SUFFICIENT REASON FOR DISMISSAL IF I AM HIRED BY THE CITY OF PULLMAN. ALL STATEMENTS SUBMITTED ON THIS APPLICATION FOR EMPLOYMENT MAY BE INVESTIGATED AND VERIFIED BY THE CITY AND/OR ITS AGENTS PRIOR TO APPOINTMENT OR NON-APPOINTMENT.

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).

SIGNATURE

DATE